



DEPARTMENT OF ENVIRONMENTAL QUALITY
Piedmont Regional Office

4949-A Cox Road, Glen Allen, VA 23060-6296

804/527-5020

MEMORANDUM

TO: Sanjay Thirunagari, Environmental Program Manager
DEQ-CO Office of Waste Programs

THROUGH: Robert Timmins, Waste Compliance Manager *RTT*

FROM: Moe Habibi, Compliance Consultant *MRH*
Leanne Raynor, Compliance Inspector *J*

DATE: August 13, 2002

SUBJECT: Unannounced inspection of facility and deactivation of EPA I.D.
Number VAD988204533

COMPANY BACKGROUND:

AMF Reece (formerly American Machine & Foundry) (John Reece former owner in Maine)
Scott Fullerton, President
File address: 8400 AMF Drive Address revised by county: 8080 AMF Drive
Mechanicsville, VA 23111
(804) 559-5230
22 current employees
Site is currently for sale. The company expects to relocate to a smaller facility in
December 2002.

SUMMARY OF VISIT:

On Wednesday July 31, 2002, after completing RCRA inspection of AMF Bowling, we stopped by unannounced to AMF Reece. Mr. W. Lee Kerns, Logistics Manager, greeted us. Mr. Kerns informed us that AMF Bowling, AMF Reece, and AMF Bakery were once owned by the same holding company. The companies are no longer affiliated. AMF Reece, in Richmond, is a distributor of specialized sewing machines in North America and South America. The parts are primarily manufactured in the Czech Republic and England.

Mr. Kerns stated that he was the Logistics Manager for approximately ten years. He estimated that manufacturing ceased approximately 18 months ago. In the manufacturing process, he thought that the primary chemical use was for lubrication

and cooling and possibly some degreasing stations. The nature of the chemical composition was primarily water based, according to his recollection.

Mr. Kerns stated that his company requested that a hazardous waste type disposal company remove the remaining material, probably coolants, last week. He stated that he would research to find name of the company hired to dispose of the chemicals. Mr. Kerns stated in his August 5, 2002 letter that the company was Atlantic Industrial Services.

On tour of the facility, we noted a large, mostly vacated warehouse with some sewing machines. The chemical storage area was mostly empty with the exception of one small container of hydrochloric acid. Outside of the storage area, there were four 55 gal. drums of chemicals and one empty drum (labeled Trim SC230). The other drums included Water Mix Machine Cleaner and Solvent 142. In addition to the drums, there was a container of powdery material. The identity of this powdery material was not marked on the container. There were also several used florescent tubes.

Mr. Kerns will determine proper management of hazardous material. We recommended that he inform us in writing regarding disposal of the material. A follow up within two-three weeks of the inspection was requested. Mr. Kerns e-mailed a letter on August 5, 2002 with a hard copy in the mail, stating that Atlantic Industrial Services picked up the remaining chemicals on August 2, 2002. We received copies of the manifest and requested that Mr. Kerns forward the manifests when they are returned from the designated facilities.

We recommend deactivation of the EPA I.D. Number VAD988204533 for this facility. A file for this facility was not located.

If you need any clarification, or additional information, please call me at 527-5153.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE

4949-A Cox Road

Glen Allen, Virginia 23060

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George Allen
Governor

Becky Norton Dunlop
Secretary of Natural Resources

Thomas L. Hopkins
Director

Gerard Seeley, Jr.
Piedmont Regional Director

July 22, 1996

**Mr. Leon Jaskot
Superintendent of Maintenance
AMF Reece Inc.
8080 AMF Drive
Mechanicsville, Va. 23111**

**RE: RCRA Compliance Inspection, AMF Reece Inc., 8080 AMF Drive,
Mechanicsville, Virginia 23111. EPA ID# VAD988204533.**

Dear Mr. Jaskot:

Thank you for your cooperation during the Hazardous Waste Compliance Inspection at your facility on June 5, 1996. It was determined that your facility as a Small Quantity Generator was in total compliance with the Virginia Hazardous Waste Management Regulations (VHWMR).

During the inspection several observations were made at your facility and I suggested the following:

- a. Cover the open drums which contain black oxide waste.**
- b. Affix proper labels to each drum of black oxide waste. Also affix label to 55 gallon drums of hazardous waste in the paint room (completed during the inspection).**

c. Segregate the hazardous waste from the waste black oxide and relocate drums of hazardous waste to the 180-day accumulation area.

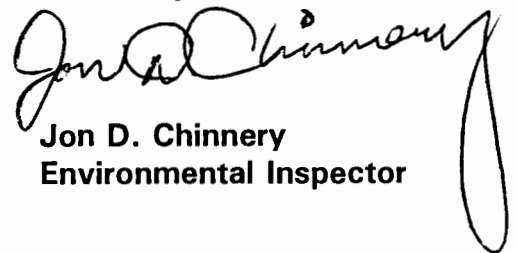
d. Elevate the drums in the accumulation area of the floor and away from the wall to make identification, and visual inspections easier and to check the integrity of the containers holding hazardous waste.

Based on information provided by you dated June 7, 1996 it appears you have corrected the above areas.

In regards to the question of the black oxide being a hazardous waste, this office is in receipt of the analytical test information which your facility provided. After a review of this information, I have determined that the black oxide that you are generating and accumulating is non-hazardous waste. This waste should not be included in the facility's hazardous waste stream.

If you have any further questions regarding this matter, please call me at (804) 527-5074.

Sincerely:

A handwritten signature in black ink, appearing to read "Jon D. Chinnery", with a long, sweeping vertical line extending downwards from the end of the signature.

Jon D. Chinnery
Environmental Inspector

Enclosure

cc: file
Claire R. Slaughter, OTA / DEQ, enclosures

January 1994
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE DIVISION
SURVEY SHEET
FOR INSPECTION OF HAZARDOUS WASTE FACILITIES

NAME of FACILITY: AMF REECE, INC.

ADDRESS: 8080 AMF DRIVE, MECHANICSVILLE, VA. 23111

EPA ID NUMBER: VAD # 988204533

**FACILITY
REPRESENTATIVE:** MR. LEON JASKOT

TITLE: SUPERINTENDENT OF MAINTENANCE

TELEPHONE NUMBER: (804) 559-5000

INSPECTOR'S NAME: JON D. CHINNERY

TITLE: ENVIRONMENTAL INSPECTOR

DATE of INSPECTION: JUNE 05, 1996

1. What is the business activity of the firm? (i.e., furniture mfg., metal plating, recycling, etc.)

THE FACILITY IS IN THE BUSINESS OF MANUFACTURING SEWING MACHINES.

2. Give a brief description of the waste stream(s) [by chemical name, if possible] and hazardous waste code(s) generated by the firm.

Waste Paint	F005	
Waste Glass Bead	D008	Lead
Waste Paint Filters	D007	
Waste Paint Thinner	F005, F003	
Waste Solid Paint	D008, F005, D001	
Safety-Kleen Parts Washers	D001, D008, D018, D039, D040	
Petroleum Naptha (solvent)		

3. List the highest amounts of hazardous waste ever generated in any month of the calendar year and the greatest amount ever accumulated at the site of each type of waste generated.

Waste Code	Amount Generated	Amount Accumulated
D008	600 LBS.	600 LBS.
F005, D001, D007	650 LBS.	650 LBS.
D001, D008, D018, D039, D040		320 LBS.

4. Does the facility ever generate greater than:
1 kg. of acutely toxic waste (P listed waste or
F020-F023 and F026-F027)?

YES ☒ NO

100 kg of clean-up from a spill of P listed waste
or F020-F023 and F026-F027 waste?

YES ☒ NO

If yes, then the facility is a large quantity generator.

5. How is the waste presently being handled? Where is it sent?
(List all transporters and facilities, or on-site treatment performed).

Transporter: Safety-Kleen Corporation, EPA ID# ILD984908202

Facility: Safety-Kleen Corporation, EPA ID# VAD000737361

6. Does the facility generate any hazardous waste
that is excluded from regulation? If yes,
list the waste and the basis for exclusion.

YES ☒ NO

7. Does the facility:

Generate

Market

Burn

used oil that is burned for energy recovery? **Underline or circle all that are applicable.** (If the facility **markets** or **burns** used oil, fill out the **Used Oil Checklist**.)

YES **NO**

Does the generator of used oil to be burned for energy recovery (other than a **Conditionally Exempt Small Quantity Generator**) mix the used oil with hazardous waste? If **YES**, then fill out the **Used Oil Checklist**.

8. Does the facility generate any hazardous waste that is reclaimed that is reclaimed to recover economically feasible amounts of gold, silver, platinum, palladium, iridium, osmium, rhodium, ruthenium, or any combination of these?

YES **NO**

If **Yes**, list the waste, where it is sent, and complete the **Metals Recovery Checklist**.

9. Does the facility generate, transport, store, collect or reclaim spent lead-acid batteries? If **yes**, Underline or **circle** all that are applicable. If the facility stores batteries before reclaiming them, complete the **Metals Recovery Checklist**.

YES **NO**

10. Based on the above, the facility is a:

- a. conditionally exempt small quantity generator**
- b. small quantity generator**
- c. generator**
- d. permitted or interim status TSD**
- e. unpermitted TSD (explain in comments section)**
- f. transporter**
- g. other: please explain _____**

[Underline or Circle All That Are Applicable]

11. Check accumulation times and quantities for the three types of generators. If the times or quantities are exceeded, then the facility is moved up to the next category. Complete the appropriate checklist(s).

A conditionally exempt small quantity generator can accumulate for an indefinite period of time until he has accumulated 1000 kg (approx. 5-55-gallon drums) of non-acute hazardous waste, at which time the accumulation time (180 days or 270 days) for small quantity generators begin.

Small quantity generators can accumulate hazardous waste for up to 180 days or 270 days if the disposal site is over 200 miles away (in containers and tanks only). However, if at any time over 6000 kgs of waste is accumulated, then the small quantity generator becomes a generator, or an unauthorized facility, as applicable.

- 12. List each container and tank accumulation area. Specify the number and capacity of each tank and container. [Note: Include any satellite accumulation areas. Verify that only 55 gallons of any particular hazardous waste code (or one quart of acutely toxic waste) is at that area.]**

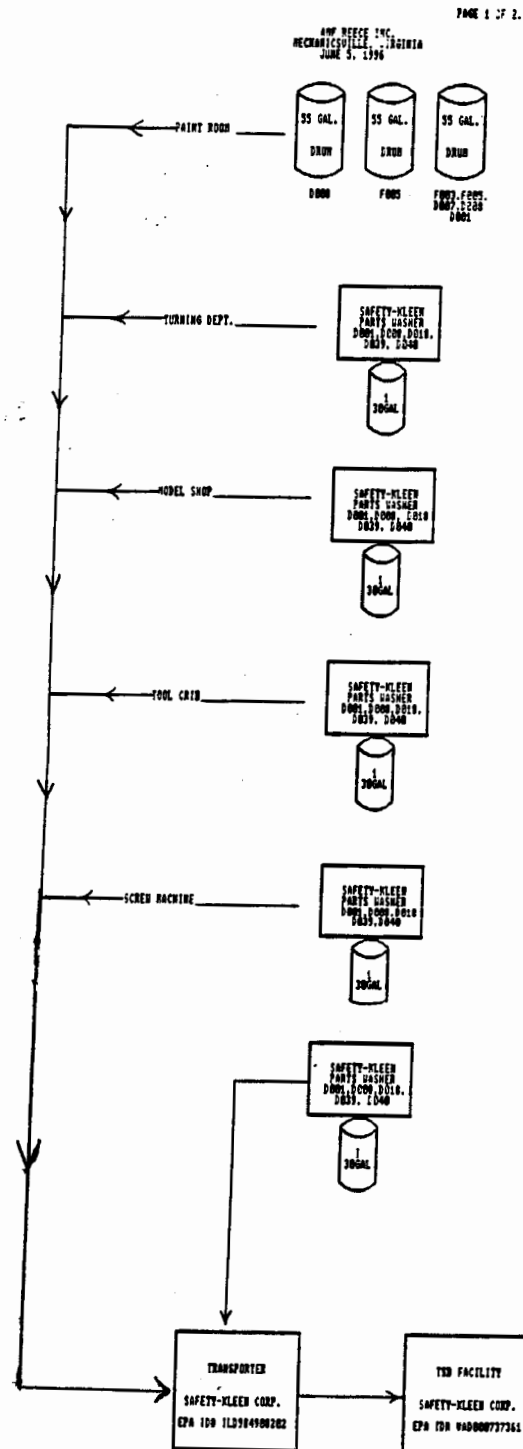
Location	Number of Containers	Number of Tanks	Capacity
Tumbling Area	2 X 55 Gal. Drums	None	N/A
Satellite Paint room	1 X 55 Gal. Drum	None	N/A
Turning Department S.K. Washer	1 X 30 Gallon	None	N/A
Model Shop S.K. Washer	1 X 30 Gallon	None	N/A
Tool Crib S.K. Washer	1 X 30 Gallon	None	N/A
Screw Machine S. K. Washer	1 X 30 Gallon	None	N/A
Milling Department S.K. Washer	1 X 30 Gallon	None	N/A
Assembly Area S.K. Washer	1 X 30 Gallon	None	N/A

13. Comments:

THE FACILITY GENERATES A BLACK OXIDE WASTE FROM IT'S MANUFACTURING PROCESS. THE GENERATOR CONDUCTED AN ANALYTICAL TEST ON THIS WASTE MATERIAL AND IT WAS TESTED TO DETERMINE IF IT WAS HAZARDOUS. AS A RESULT OF THE ANALYTICAL TESTING, IT WAS DETERMINED THAT THE WASTE BLACK OXIDE IS A NON-HAZARDOUS WASTE. IT IS NOT DETERMINED AS A PART OF THE HAZARDOUS WASTE STREAM FROM THIS FACILITY. A COPY OF THE ANALYTICAL REPORT AND TEST RESULTS ARE ATTACHED TO THIS INSPECTION REPORT.

14. Waste Management Flow Diagram:

(On this page sketch a brief, but detailed, flow diagram that includes how and where the waste is generated, the steps through a treatment system (if any), the steps through storage including satellite accumulation areas. Do this for each waste stream including excluded hazardous waste. Include any wastewater treatment facilities at the company, and verify the type of units included in the system, and any hazardous waste streams going to WWT.)



January 1994

DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

CHECKLIST FOR HAZARDOUS WASTE INSPECTION OF SMALL QUANTITY GENERATORS (SQG)

FACILITY NAME: AMF REECE

EPA ID NUMBER: VAD # 988204533

INSPECTION DATE: June 05, 1996

NOTE: * means Non-Compliance.

VIRGINIA HAZARDOUS WASTE MANAGEMENT REGULATIONS

PART/SECTION	REGULATION	YES	NO	N/A
6.4.E.4.a.	1. Does the generator ever accumulate a quantity of hazardous waste greater than 6,000 kilograms? (If <u>YES</u> , then use <u>LQG</u> or <u>UNAUTHORIZED FACILITY</u> Checklist.)		✓	
6.4.E.4. 6.4.E.5. 6.4.E.6. 6.4.E.4.c. 9.9.L.	2. Does the small quantity generator accumulate hazardous waste for greater than 180 days (or 270 days if the disposal facility is greater than 200 miles away)? (If <u>YES</u> , then use <u>UNAUTHORIZED FACILITY</u> Checklist.) (If the SQG accumulates in <u>TANKS</u> , complete the SQG Tank Section, Items 23 through 25.)		✓	
6.4.E.4.d. 9.2.B.1.	3. Does the generator have an internal communication or alarm system capable of providing immediate emergency instruction to facility personnel?	✓		
6.4.E.4.d. 9.2.B.2.	4. Does the generator have a device such as a telephone or two-way radio, capable of summoning emergency assistance from local police departments, fire departments, or Commonwealth or local emergency response teams? *** DESCRIBE ON THE LAST PAGE UNDER "COMMENTS".	✓		
6.4.E.4.d. 9.2.B.3.	5. Does the facility have portable fire extinguishers, fire control equipment, and decontamination equipment?	✓		
6.4.E.4.d. 9.2.B.4.	6. Is there water at adequate volume and pressure to supply expected fire demands?	✓		
6.4.E.4.d. 9.2.C.	7. Does the facility test and maintain the equipment in the previous four questions as necessary to assure proper operation?	✓		
6.4.E.4.d. 9.2.C.	8. Is a log maintained of these inspections?	✓		

PART/SECTION	REGULATION	YES	NO	N/A
6.4.E.4.d. 9.2.E.	9. Is there adequate aisle space to allow the unobstructed movement of personnel, fire protection, spill control, and decontamination equipment to any area of the facility?	✓		
6.4.E.4.d. 9.2.F.	10. Has the facility attempted to arrange agreements with the local authorities such that:			
6.4.E.4.d. 9.2.F.1.a.	A. The police, fire and emergency response teams are familiar with the layout of the site, the properties of the hazardous waste handled at the site, normal working areas, entrances to roads inside the facility and possible evacuation routes?	✓		
6.4.E.4.d. 9.2.F.1.b.	B. Where more than one police and fire department might respond to an emergency, the agreements specify primary emergency authority?	✓		
6.4.E.4.d. 9.2.F.1.c.	C. Agreements with Commonwealth emergency response teams, emergency response contractors and equipment suppliers are specified? and	✓		
6.4.E.4.d. 9.2.F.1.d.	D. The local hospital is familiar with the properties of the hazardous wastes handled and the types of injuries or illnesses which could result from fires, explosions, or releases?	✓		
6.4.E.4.e.(1)	11. Is there at least one employee either on the premises or on call at all times with the responsibility for coordinating all emergency response measures? (Emergency coordinator) NAME: Mr. LEON JASKOT TITLE: Superintendent of Maintenance	✓		
6.4.E.4.e.(2)	12. Is the following posted next to the facility telephone:			
6.4.E.4.e. (2)(a)	A. The name and telephone number of the emergency coordinator?	✓		
6.4.E.4.e. (2)(b)	B. The location of fire extinguishers and spill control material; and if present, the location of the fire alarm? and	✓		
6.4.E.4.e. (2)(c)	C. The telephone number of the fire department (if no direct fire alarm)	✓		
5.B. 5.C.	13. Does the small quantity generator use a manifest to ship wastes off-site? If NO , go to Item # 18. If YES , continue.	✓		
6.2.C.	14. Has the generator determined that the facility has an EPA ID number? (NOTE: Shipments to POTWs must be manifested, if transported by a vehicle and the POTW must meet all permit-by-rule requirements of VHWMR Section 11.8.B.)	✓		
5.5.A.7.	15. Has the generator determined that the transporter has a valid EPA Identification number and a valid Virginia Transporter Permit?	✓		
6.3. 5.3.B.1.	16. Is the following information on the manifest:			

PART/SECTION	REGULATION	YES	NO	N/A
5.3.B.1.	A. The generator's name, mailing address, EPA ID number, and telephone number?	✓		
5.3.B.2.	B. A unique five digit number assigned to this manifest by the generator?	✓		
5.3.B.3.	C. The total number of pages of the manifest?	✓		
5.3.B.4.	D. The company name and EPA ID number of each transporter used?	✓		
5.3.B.5.	E. The company name, site address, and EPA ID number of the facility designated to receive the waste?	✓		
5.3.B.6.	F. The U.S. DOT description of each waste to include its proper shipping name, hazard class, and ID number(UN/NA) as identified in the Virginia Regulations Governing the Transportation of Hazardous Material?	✓		
5.3.B.7.	G. The quantities of waste being shipped? and	✓		
5.3.C.	<p>H. The following certification:</p> <p>"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by (mode of transportation) according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to a degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."</p>	✓		
6.5.C.2.	<p>17. Exception reporting:</p> <p>If the generator (SQG) has not received a copy of a manifest signed by facility within 60 days of initial transporter, did he submit a legible copy of manifest with an indication of not receiving a confirmation of delivery, to the Director?</p>			✓
5.C.	18. Does the small quantity generator have his wastes reclaimed under a contract, and use only a shipping paper? If YES,		✓	
5.C.1.a.	A. Are the type of waste and frequency of reclamation shipments specified in the agreement?			✓
5.C.1.b.	B. Is the vehicle used to transport the waste to the recycling facility and to deliver material back to the generator owned and operated by the reclaimer? and			✓
5.C.2.	C. Does the small quantity generator maintain a copy of the agreement in his files for at least three years after termination or expiration of the agreement?			✓

PART/SECTION	REGULATION	YES	NO	N/A
6.5.A.1.3. 15.1.G.1.a.	19. Does the generator retain copies of all manifests, test results and waste analyses for at least three years? Land Disposal Restriction Form should be retained for at least five years.	✓		
6.4.E.4.e.(3)	20. Does the generator ensure all employees are thoroughly familiar with proper waste handling and emergency procedures?	✓		
6.5.D.	21. Has the generator ever submitted a release report if responsible for release of Hazardous Substance which threatens public health? (Must notify NRC, Local Government, the Department.)		✓	
6.4.E.4.b. 9.8.	22. Use and Management of Containers for 180 day accumulation areas: (270 days if TSF is over 200 miles away.)			
9.8.B.	A. Are all containers holding hazardous waste in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation?	✓		
9.8.C.	B. Are the containers lined or made of materials compatible with hazardous waste placed into them so that the container will not react with, or otherwise be incompatible with, the hazardous wastes stored?	✓		
6.4.E.4.d. 6.4.E.1.b.	C. Is the date upon which each period of accumulation begins clearly marked and visible for inspection on each container?	✓		
6.4.E.4.d. 6.4.E.1.c.	D. Is the container labeled or marked clearly with the words "Hazardous Waste"?	✓		
9.8.D.1.	E. Are all containers holding hazardous waste kept closed during storage except as necessary to add or remove waste?	✓		
9.8.E.	F. Are areas where hazardous waste containers are stored inspected by the owner/operator at least weekly?	✓		
9.8.G.1.	G. Are incompatible wastes placed in separate containers? and	✓		
9.8.G.3.	H. Are storage containers holding hazardous wastes which are incompatible with any materials or other hazardous wastes stored nearby separated from the other materials or protected from them by means of dikes, berms, walls, or other devices?	✓		
6.4.E.3.a.	I. Does the generator have satellite accumulation areas where up to 55 gal of any one type of Hazardous Waste (HW) (1 qt acutely HW) are accumulated? If yes,	✓		
6.4.E.3.a.	1. Is the area located at or near the point of hazardous waste generation where the wastes initially accumulate?	✓		
6.4.E.3.a.(1) 9.8.B.	2. Are the containers in good condition?	✓		

PART/SECTION	REGULATION	YES	NO	N/A
6.4.E.3.a.(1) 9.8.C.	3. Are the containers compatible with the waste?	✓		
6.4.E.3.a.(1) 9.8.D.1.	4. Are the containers kept closed except as necessary to add or remove waste? and	✓		
6.4.E.3.a.(2)	5. Are the containers marked with the words "Hazardous Waste" or other words that identify the contents of the container?	✓		
6.4.E.3.b.	J. Are amounts in excess of those allowed being accumulated in the satellite accumulation area? If yes,		✓	
	1. Has the generator marked the excess amount with the date the excess amount began accumulating? and			✓
	2. Has the generator either removed the excess amount within three days of the date of excess accumulation or has he complied with all other provisions for accumulation areas. Namely, has he notified the Executive Director about the location of the accumulation area?			✓
9.9.L.	23. Does the small quantity generator accumulate in tanks? If YES, describe Tank System in the COMMENT Section.		✓	
9.9.L.2.c.	A. If the TANK is uncovered, is there at least 2 feet of freeboard or a system with the capacity to hold the volume equivalent to 2 feet of freeboard? Describe the System in the COMMENT Section.			✓
9.9.L.2.d.	B. If the TANK is fed continuously, is there a waste feed cutoff system or by-pass system? Describe the System in the COMMENT Section.			✓
9.9.L.3.	C. Does the Small Quantity Generator (SQG) inspect the following at least once each operating day:			
9.9.L.3.a.	1. Discharge control equipment?			✓
9.9.L.3.b.	2. Data gathered from monitoring equipment?			✓
9.9.L.3.c.	3. The level of waste in the Tanks?			✓
9.9.L.3.d.	D. Does the SQG inspect the following at least weekly:			
9.9.L.3.d	1. The construction materials of the Tanks for corrosion or leaking?			✓
9.9.L.3.e.	2. The area immediately surrounding the discharge confinement system for leaks?			✓
9.9.L.5.	E. If ignitable or reactive waste are generated, is the waste:			✓
9.9.L.5.a.(1)	1-treated, rendered, or mixed before or immediately after placement so that the waste is no longer ignitable or reactive; or			✓

PART/SECTION	REGULATION	YES	NO	N/A
9.9.L.5.a.(2)	2-protected from any material or conditions that may cause the waste to ignite or react; or			✓
9.9.L.5.a.(3)	3-is the Tank used only for emergencies?			✓
9.9.L.5.b.	F. If the Tank is covered and manages ignitable or reactive waste, are the buffer zones for the National Fire Protection Association codes met? List the required and actual distances: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Required _____ Actual _____ </div>			✓
9.9.L.6	G. Are incompatible waste placed in the same tank? If YES,			✓
	Is the tank cleaned prior to placing the incompatible waste in the Tank?			✓
6.4.E.4.d	24. Is the Tank clearly marked with the words "Hazardous Waste"?			✓
	25. PLEASE LIST ANY NEWLY REGULATED WASTE THAT IS NOT LAND RESTRICTED (such as D018-D043, F032, F034 or F035) ON THE LAST PAGE UNDER "COMMENTS".			
15.1.A.2.	26. Does the facility generate, transport, treat, store or dispose any land-restricted wastes? (See VHWMR Part 15) *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS".	✓		
15.1.G.1.a.	27. For restricted wastes which the generator is managing for which he has not met the applicable treatment standards, has the generator accompanied each shipment of waste with a notification to the treatment facility of the appropriate treatment standards and any applicable prohibitions?	✓		
	28. Did the notification include the following information:			
15.1.G.1.a. (1)	A. EPA Hazardous Waste Number?	✓		
15.1.G.1.a. (2)	B. The corresponding treatment standards and all applicable prohibitions set forth in VHWMR Section 15.3.c.?	✓		
15.1.G.1.a. (3)	C. The manifest number associated with the shipment of waste? and	✓		
15.1.G.1.a. (4)	D. Waste analysis data, where available?	✓		
15.1.A.3.	29. Is land disposal of wastes occurring? If Yes,		✓	
15.1.A.3.a.	A. Has the facility been granted an extension to the effective date for land restrictions applicable to its restricted waste? OR			✓
15.1.A.3.b.	B. Has the facility been granted an exemption from prohibition pursuant to a petition for those land-restricted wastes and units covered by the petition? OR			✓

PART/SECTION	REGULATION	YES	NO	N/A
15.1.A.3.c.	C. Are the wastes hazardous only because they exhibit a hazardous characteristic and are they disposed outside the Commonwealth into an injection well without exhibiting any prohibited characteristic of hazardous waste at the point of injection?			✓
5.1.A.5.a.	30. Is the waste generated by small quantity generators of less than 220 pounds (100 kg) of hazardous waste, or 1 kg of acutely hazardous waste per month? If so, the wastes are not subject to any provision of Part XV.		✓	
15.1.E.	31. Has the owner/operator submitted an application for case-by-case extension to the effective date of any applicable restriction?			✓
6.4.E.7., 6.4.E.4.d., 15.1.G.1.d.	32. Is the SQG treating waste in Tanks or Containers in order to meet applicable treatment standards under VHWMR § 15.4?		✓	
15.1.G.1.d.	33. If Yes, has the SQG developed a Waste Analysis Plan ?			✓
15.1.G.1.d. (2)	34. Has the Waste Analysis Plan been filed with the Director a minimum of 30 days prior to the treatment activity?			✓
15.1.F.	35. Has the owner/operator been granted a petition seeking an exemption from a prohibition for the disposal of hazardous waste in a particular unit or units?			✓
15.1.C.1.	36. Are facility representatives diluting the restricted waste or residual from treatment of the restricted waste as a substitute for adequate treatment, to circumvent the effective date of prohibition, to otherwise avoid a prohibition, or to circumvent a land disposal prohibition?			✓
15.1.D.1.	37. Is the facility treating land-restricted wastes in a surface impoundment or series of surface impoundments? (Note: Evaporation of hazardous constituents in a surface impoundment as the principal means of treatment is not considered to be an acceptable form of treatment for land restricted wastes.)		✓	
	38. If Yes, does the facility meet the following requirements:			
15.1.D.1.b. 15.1.G. 15.3.C. 15.4. 15.3.	A. Are the residues of the treatment analyzed as specified in VHWMR § 15.1.G. or § 15.3.C to determine if they meet the applicable treatment standards or VHWMR § 15.4, or where no applicable treatment standard exists, the applicable prohibition levels specified in VHWMR § 15.3?			✓
15.1.D.1.c. 9.10.B.1. 10.10.B.3.	B. Has the owner/operator installed two or more liners and a leachate collection system consisting of an upper and lower liner designed, constructed and operated to prevent the migration of any constituents through the liners?			✓
15.1.D.1.c. 10.5.	C. Is the facility in compliance with the applicable groundwater monitoring requirements of VHWMR § 10.5?			✓

PART/SECTION	REGULATION	YES	NO	N/A
15.1.D.1.d.	D. Has the owner/operator submitted a written certification to the Executive Director that the requirements of § 15.1.D.1.C. have been met which states: "I certify under penalty of law that the requirements of 15.1.D.1.c. have been met for all surface impoundments being used to treat restricted waste. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." and			✓
15.1.D.1.d.	E. Has the owner/operator submitted a copy of the waste analysis plan for his restricted wastes accompanied by the above certification?			✓
15.1.G.1.b.	39. For restricted wastes which the generator has determined can be land disposed without further treatment , has the generator accompanied each shipment of waste with a notification and certification to the land disposal facility that the waste meets the applicable treatment standards and the applicable prohibitions of VHWMR § 15.3.C.?			✓
	40. Did the notification include the following information:			
15.1.G.1.b. (1)(a)	A. EPA Hazardous Waste Number?			✓
15.1.G.1.b. (1)(b)	B. The corresponding treatment standards and all applicable prohibitions?			✓
15.1.G.1.b. (1)(c)	C. The manifest number associated with the shipment of waste? and			✓
15.1.G.1.b. (1)(d)	D. Waste analysis date, where available?			✓
15.1.G.1.b.2.	41. Was the certification signed by an authorized representative, and did it state the following: "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in VHWMR § 15.4. and all applicable prohibitions set forth in VHWMR § 15.3.C. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."			✓
15.1.G.1.c.	42. Have restricted wastes which have received a case-by-case exemption, been granted an exemption through petition, or those wastes subject to a national variance, has the generator forwarded a notice with the waste to the land disposal facility stating that the waste is exempt from the land disposal restrictions?			✓

PART/SECTION	REGULATION	YES	NO	N/A
15.1.G.1.g.	43. Does the generator retain on-site copies of all notices, certifications, demonstrations, waste analysis data, and other documentation for at least five years from the date the waste was last sent to on-site or off-site treatment, storage or disposal?	✓		
15.5.	44. Is the generator storing land restricted waste ? (For one year storage only)		✓	
15.5.1.a.	45. If Yes , is the storage on-site solely for the purpose of the accumulation of such quantities of hazardous waste as necessary to facilitate proper recovery, treatment or disposal?			✓

COMMENTS:

TO: FILE

FROM: JON D. CHINNERY, ENVIRONMENTAL INSPECTOR / PRO

COPY: M.R. HABIBI, WASTE COMPLAINT CONSULTANT / PRO

DATE: 01 APRIL 1996

**SUBJECT: HAZARDOUS WASTE COMPLAINT, AMF REESE CORPORATION,
RICHMOND, VIRGINIA.**

INFORMATION:

While at the office I received a telephone call regarding that hazardous management activities at the above mentioned facility.

FACILITY NAME & LOCATION:

The facility is known as AMF Reese Corporation located at 8400 AMF Drive, Richmond, Virginia. This facility has a EPA ID No. # VAD988204533 and is listed as a Small Quantity Generator., Telephone number (804) 559-5000.

INVESTIGATION:

The complainant, (Mr. Gary Rehm, 4620 Lakefield Mews Place, Richmond, Virginia 23231, (804) 222-1117) stated that he was an employee for the facility until the last week of March. He stated that he was involved in the manufacturing processes at the plant and that the facility generates an acid as waste. It also produces a waste glass-bead material (which he believes is non-hazardous).

While in the employ of the facility, the complainant stated that he was noticing this acid was being placed in containers and would sit over time and crystalize. He stated that on one occasion he checked the crystals which were in a five gallon bucket with litmus paper. The results showed that the crystals were an acid. On different occasions he stated that the black oxide tanks were drained and the glass-bead material would be shipped off by Safety-Kleen Corporation. He referred to the waste glass-bead material as Class B waste. Different times while employed he would be told by his supervisor Mr. Leon Jaskot to dump the waste acid into the container holding the waste glass-bead material and then have it shipped away by Safety-Kleen Corporation.

The complainant states that to his knowledge, (as of last week) there was a drum in the STEAM ROOM which has a mixture of alkaloid and acid from the black oxide operation. The drum is identified as white with blue rims and is marked on by Jaskot with a felt marker. He believes this waste will be dumped into the glass-bead material. Therefore, he states that his supervisor requested him to dump the acid in the glass-bead waste (mixing a hazardous waste with a non-hazardous waste) and then having it shipped off-site.

The complainant is concerned that his name appears on the waste manifests for this waste and that non-hazardous waste is being mixed with the declared hazardous waste. He stated that waste (he believes hazardous) sits in the facility for a long period of time and is not placed in the accumulation area.

Complainant stated that he has information that another employee, (Randy Allen) was told by Mr. Jaskot to pour the acid waste (hazardous) into the glass bead waste (non-hazardous) and has it shipped off by Safety-Kleen Corporation. He stated that Safety-Kleen (when they come to the facility) ask Jaskot what he has to be shipped and they haul it away. He states Safety-Kleen never asks any questions about the waste, just loads it up, gets the manifest and leaves.

Comp., stated that he would like the department to look into this matter and that he is very concerned his name appears on many of the manifests. He is also concerned they are shipping hazardous waste from the facility as non-hazardous. I asked the complainant if he knew the last time there was a hazardous waste inspection at that facility, he stated he did not know.

ACTION TAKEN:

I advised the complainant that the agency would look into his statements and that an inspection would be arranged in the near future to look into his allegations.

COMPLAINT STATUS:

To be forwarded to M.R. Habibi for his recommendations and future action to be taken by the agency regarding the allegations by the complainant.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 30 1992

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



E. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

VAD9882045132

II. Name of Installation (Include company and specific site name)

AMF REECE INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8400 AMF DRIVE

Street (continued)

City or Town

MECHANICSVILLE

State

ZIP Code

VA

23111-

County Code

County Name

HANOVER

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 15778

City or Town

RICHMOND

State

ZIP Code

VA

23227-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

JASKOT

LEON

Job Title

Phone Number (area code and number)

MAINT SUPERVISOR 804-559-5000

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

VA. INVESTMENT TRUST

Street, P.O. Box, or Route Number

P.O. BOX 5060

City or Town

State

ZIP Code

RICHMOND

VA

23227-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

804-731-41227

D

A

Yes

No

X

RECEIVED

NOV 10 1992

EPA-13

EPA ID: For Official Use Only									

* VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Other Off-Site Activities	
<input type="checkbox"/> 1. Storage (See instructions) <input checked="" type="checkbox"/> 2. Treatment, Storage, Disposal (TSD) (See instructions) <input type="checkbox"/> 3. Land Disposal (See instructions) <input type="checkbox"/> 4. Transport and Off-Site Movement (See instructions) <input type="checkbox"/> 5. Other (Specify)	<input type="checkbox"/> 1. Storage (See instructions) <input type="checkbox"/> 2. Treatment, Storage, Disposal (TSD) (See instructions) <input type="checkbox"/> 3. Land Disposal (See instructions) <input type="checkbox"/> 4. Transport and Off-Site Movement (See instructions) <input type="checkbox"/> 5. Other (Specify)	<input type="checkbox"/> 1. Storage (See instructions) <input type="checkbox"/> 2. Treatment, Storage, Disposal (TSD) (See instructions) <input type="checkbox"/> 3. Land Disposal (See instructions) <input type="checkbox"/> 4. Transport and Off-Site Movement (See instructions) <input type="checkbox"/> 5. Other (Specify)	<input type="checkbox"/> 1. Storage (See instructions) <input type="checkbox"/> 2. Treatment, Storage, Disposal (TSD) (See instructions) <input type="checkbox"/> 3. Land Disposal (See instructions) <input type="checkbox"/> 4. Transport and Off-Site Movement (See instructions) <input type="checkbox"/> 5. Other (Specify)

* IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Non-hazardous Wastes (Mark "X" in the boxes corresponding to each characteristic listed in Table 2. See instructions.)		B. Listed Hazardous Wastes (See 40 CFR 261.11-13. See instructions. You need to list more than 12 waste codes.)	
<input checked="" type="checkbox"/> 1. Corrosive <input checked="" type="checkbox"/> 2. Ignitable <input type="checkbox"/> 3. Reactive <input type="checkbox"/> 4. Toxic	<input type="checkbox"/> 5. Other (Specify)	<input type="checkbox"/> 1. D001 <input type="checkbox"/> 2. D002 <input type="checkbox"/> 3. D003 <input type="checkbox"/> 4. D004 <input type="checkbox"/> 5. D005 <input type="checkbox"/> 6. D006 <input type="checkbox"/> 7. D007 <input type="checkbox"/> 8. D008 <input type="checkbox"/> 9. D009 <input type="checkbox"/> 10. D010 <input type="checkbox"/> 11. D011 <input type="checkbox"/> 12. D012 <input type="checkbox"/> 13. D013 <input type="checkbox"/> 14. D014 <input type="checkbox"/> 15. D015 <input type="checkbox"/> 16. D016 <input type="checkbox"/> 17. D017 <input type="checkbox"/> 18. D018 <input type="checkbox"/> 19. D019 <input type="checkbox"/> 20. D020 <input type="checkbox"/> 21. D021 <input type="checkbox"/> 22. D022 <input type="checkbox"/> 23. 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D670 <input type="checkbox"/> 671. D671 <input type="checkbox"/> 672. D672 <input type="checkbox"/>	

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JAN 20 1992

I. Installation's EPA ID Number (Mark ☒ in the appropriate box)

A. First Notification



B. Subsequent Notification

(complete item C)

C. Installation's EPA ID Number

V A D 9 8 8 2 0 4 5 3 3

II. Name of Installation (Include company and specific site name)

A M F R E E C E , I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

B 4 0 0 A M F D R I V E

Street (continued)

City or Town

R I C H M O N D

State

ZIP Code

V A 2 3 1 1 1 -

County Code

County Name

H A N O V E R

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P . O . B O X 1 5 7 7 B

City or Town

R I C H M O N D

State

ZIP Code

V A 2 3 2 2 7 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

J A S K O T

(first)

L E O N

Job Title

M A I N T

S U P E R V I S I R

B O 4 -

5 5 9 -

5 0 0 0

VI. Installation Contact Address (See instructions)

A. Contact Address

Location Mailing

B. Street or P.O. Box



City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

V A . I N V E S T M E N T T R U S T

Street, P.O. Box or Route Number

P . O . B O X 1 5 0 6 0

City or Town

R I C H M O N D

State

ZIP Code

V A 2 3 2 2 7 -

Phone Number (area code and number)

8 0 4 - 7 3 0 - 4 3 2 7

B. Land type

C. Ownership

D. Change of Owner

(Date changed)

P

P

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify: _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D 0 0 5	2 D 0 0 7	3 D 0 1 0	4 D 0 1 8	5 D 0 3 5	6 D 0 3 9
7 F 0 0 1	8 F 0 0 2	9 F 0 0 3	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number.)

1 C R 0 4	2 M A 0 1	3 M A 9 9	4	5	6
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Invalid waste codes

X. Certification

I certify under penalty of law that I have personally examined the information submitted in this form and all attached documents, and that based on my examination and the information submitted, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

I certify under penalty of law that I have personally examined the information submitted in this form and all attached documents, and that based on my examination and the information submitted, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>David Walley</i>	Name and Official Title (type or print) DAVID WALLEY, Env/Ind Engineer	Date Signed RECEIVED EPA 10-92
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XI. Comments

JAN 23 1992

EPA R3

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID NUMBER

VAD988204533
AMF REECE INC
PO BOX 15778
RICHMOND , VA 23227
LEON JASKOT MAINT SUPR

INSTALLATION ADDRESS

8400 AMF DR
RICHMOND ,VA 23111

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 27 1991

I. Installation's EPA ID Number (Mark (X) in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

VAD988204533

II. Name of Installation (Include company and specific site name)

AMF REECE, INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8400 AMF DRIVE

Street (continued)

City or Town

RICHMOND

State

VA

ZIP Code

23111-

County Code County Name

085 HANOVER

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 15778

City or Town

RICHMOND

State

VA

ZIP Code

23227-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

ROLLER

(first)

WILLIAM

Job Title

PLANT MANAGER

Phone Number (area code and number)

804-

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location: Mailing



B. Street or P.O. Box

City or Town

RICHMOND

State

VA

ZIP Code

23227-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

VA. INVESTMENT TRUST

Street, P.O. Box or Route Number

P.O. BOX 15060

City or Town

RICHMOND

State

VA

ZIP Code

23227-

Phone Number (area code and number)

804-730-4327

B. Owner Type

P

C. Owner Type

P

D. Owner Type

P

E. Owner Type

P

F. Owner Type

P

* see comments

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity; see instructions.
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other: specify:

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s)
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
 (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D005	2 D007	3 D010	4 D018	5 D035	6 D039
7 F001	8 F002	9 F003	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 CRO4	2 MA01	3 MA99	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

David Wall

Name and Official Title (type or print)

DAVID WALL, Env/Ind Eng.

Date Signed

8-22-91

XI. Comments

Operations will begin in this plant on approximately 10-1-91 and should reach full capacity within six months. The plant is under construction; a phone number has not yet been assigned.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

RECEIVED
GENERAL STATE SECTION

AUG 27 1991

EPA, R3



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
VAD988204533
ROLLER WILLIAM PLT MGR
AMF REECE INC
PO BOX 15778
RICHMOND VA 23227

INSTALLATION ADDRESS

8400 AMF DR
RICHMOND VA 23111